

MULTIPLE PAYMENTS LIST						Page	of	Pages
<div style="text-align: right; font-size: small; margin-bottom: 5px;">PRIVACY ACT STATEMENT</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> AUTHORITY: Title 5 USC 5516, 5517, 5520, and 5701; Title 37 USC 404-427; and E.O. 9397 </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-bottom: 5px;"> PRINCIPAL PURPOSE(S): Used to supplement DD Form 1351-2, "Travel Voucher or Subvoucher," to substantiate claims for reimbursement when multiple individuals of an organization are performing official travel at the same time, between the same points, and accounting data is the same. The information collected may also be used as a payroll list. </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-bottom: 5px;"> ROUTINE USE(S): Information may be furnished to an employee's state and/or local taxing authorities, to comply with agreements entered into by the Secretary of the Treasury, for verification of filing information used by an individual in a tax return; in addition, release of information on this form may be made to Federal, state, local or foreign law enforcement agencies, for investigation of and possible prosecution of an individual charged with violating any law, statute, rule, regulation, or order in this claim for restitution. </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> DISCLOSURE: Voluntary; however, failure to furnish requested information may result in total or partial denial of amount claimed. </div>								
1. TYPE OF PAYMENT <i>(Check applicable)</i>						D.O. VOUCHER NUMBER		
<input type="checkbox"/> MILITARY PAY (MP)		<input type="checkbox"/> TRAVEL ALLOWANCE (TA)		<input type="checkbox"/> OTHER <i>(Specify)</i>		PAID BY		
2. PAYROLL NUMBER <i>(If applicable)</i>				3. DATE OF COMPUTED PAYMENT				
4. ORGANIZATION AND STATION								
5. PAYEE IDENTIFICATION				e. TRAVEL ORDER OR OTHER AUTHORITY		f. AMOUNT		g. SIGNATURE OR CHECK NUMBER
a. LAST b. FIRST c. MI d. SSN								
1								1
2								2
3								3
4								4
5								5
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23								23
24								24
PAGE TOTAL								
6. ACCOUNTING CLASSIFICATION								
7. PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THESE STATEMENTS ARE CORRECT AND PROPER								
a. NAME AND TITLE OF CERTIFYING OFFICER <i>(Please type)</i>					b. CERTIFYING OFFICER <i>(Signature)</i>			